

## Promoting Sexual Health for Children and Teens

Nebraska Reproductive Health,  
Title X Family Planning

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## Key Considerations for School Nurses:

- ◆ Supportive Environments
- ◆ Personal/Social Skills Concerning Sexuality
- ◆ Evidence-based Programming
- ◆ Create Opportunities to Educate School Personnel

## Topics We Will Cover:

- ◆ Sexual Development Review
- ◆ Nebraska and U.S. Data
- ◆ Evidence-based Prevention/Intervention Methods
- ◆ Legal Rights of Adolescents
- ◆ Resources

## Sexual Development

- ◆ Ages 0 - 3
- ◆ Ages 4 & 5 (Pre-school/Kindergarten)
- ◆ Ages 6 - 8 (Early Elementary)
- ◆ Ages 9 - 12 (Late Elementary)
- ◆ Ages 13 - 17 (Middle/High School)
- ◆ Society's Role In Healthy Development

## Ages 0 – 3

- ◆ Curious
- ◆ Touch their genitals
- ◆ Talk openly about their bodies
- ◆ Name their body parts
- ◆ Experience vaginal lubrication and erections

## Society's Role in Healthy Development, Ages 0 -3

- ◆ Body and its functions are natural and healthy
- ◆ Touch and comfort children often
- ◆ Public vs. private behaviors
- ◆ Teach about anatomical differences between sexes
- ◆ Teach children they can say "NO"
- ◆ Describe bodily processes in simple terms
- ◆ Avoid shame and guilt

### Ages 4 & 5 (Pre-school/Kindergarten)

- ◆ Touch genitals for pleasure
- ◆ Ask where babies come from
- ◆ Curious about bodies – “Play Doctor”
- ◆ Feel sure of own gender
- ◆ Distinguish male and female roles
- ◆ Conscious of own body and how it appears to others

### Society's Role in Healthy Development, Ages 4 & 5

- ◆ Help understand the concept of privacy
- ◆ Teach correct names of major body parts (internal and external) and their functions
- ◆ Explain how babies “get into” the mother’s uterus
- ◆ Encourage children to ask trusted adults questions about sexuality

### Ages 6 – 8 (Early Elementary)

- ◆ Socialize with own gender
- ◆ Recognize social stigmas concerning sexuality
- ◆ Begin to understand intercourse separate from making a baby
- ◆ Look to peers, media, other sources for information
- ◆ Understand gender role stereotypes
- ◆ May engage in same-gender exploration
- ◆ Stronger self-concept in terms of gender/body image

### Society's Role in Healthy Development, Ages 6 - 8

- ◆ Provide information about sexuality even if child is not asking for it... curiosity still exists
- ◆ Different types of families and all are due respect
- ◆ Basic information about important sexuality issues: HIV/AIDS, abortion, marriage, sexual abuse
- ◆ Begin discussing the changes they will experience in puberty
- ◆ Discuss sexual orientation... not everyone is the same

### Ages 9 – 12 (Late Elementary)

- ◆ Emerging sense of self as young adult
- ◆ Feel conscious of their sexuality and how they want to express it
- ◆ Understand jokes with sexual content
- ◆ Concerns about being “normal”
- ◆ Anxious feelings about puberty
- ◆ Shy about questions from caregivers and often act like they “know all the answers”
- ◆ Value privacy highly

### Society's Role in Healthy Development, Ages 9 - 12

- ◆ Help understanding of puberty
- ◆ Respect privacy while encouraging communication
- ◆ Recognize areas of maturation & acknowledge areas of future growth
- ◆ Abstinence is normal, sexual development is natural
- ◆ Stress important relationship between sexual and emotional feelings
- ◆ Be open to conversations about contraception and condoms, respond accurately and honestly

### Ages 13 – 17 (Middle/High School)

- ◆ Know the options and consequences of sexual expression
- ◆ May choose to express sexuality in many ways
- ◆ Recognize the components of healthy and unhealthy relationships
- ◆ Understand consequences of pregnancy, STD's, HIV
- ◆ Role of media
- ◆ Have capacity to learn about intimate, loving, long-term relationships
- ◆ Understand their own sexual orientation

### Society's Role in Healthy Development, Ages 13 - 17

- ◆ Clearly articulate family and religious values concerning sexual intercourse
- ◆ Options to expressing intimacy and love
- ◆ Discuss the factors that need to be a part of the decision to have sexual intercourse
- ◆ Reinforce teen's ability to make decisions while providing the tools to make those decision
- ◆ Discuss options available if they choose to have intercourse or if unprotected intercourse occurs

### Society's Role in Healthy Development, Ages 13 – 17 (cont.)

- ◆ Discuss exploitive behavior (sometimes illegal)
- ◆ Discuss verbal and physical responses (practice them) to get out of situations that are uncomfortable
- ◆ Acknowledge future life options are varied: Marry? Single? Parent? Childless?
- ◆ Use inclusive language

### Title X Family Planning

- ◆ Established in 1970 with Bipartisan Support
- ◆ 89% of voting public in favor
- ◆ State, county & local Health Departments run 57% of health centers that receive Title X funds
- ◆ Title X Saves the Government Money
  - \$1.00 spent = \$4.02 saved

### Title X Family Planning (cont)

- ◆ Care provided to low-income, uninsured, or underinsured individuals who may otherwise lack access to health care
  - Primarily low-income women
- ◆ Contraception to prevent unintended pregnancies, and reduce abortions
  - 1.4M unplanned pregnancies
  - 600,000 abortions
- ◆ Federal Law prohibits Title X money from being used for abortion care

### Title X Family Planning Services

- |  |   |
|--|---|
| ◆ Voluntary, confidential reproductive health services   | ◆ Screening services <ul style="list-style-type: none"><li>– Breast &amp; Cervical Cancer</li><li>– STIs/STDs</li></ul> |
| ◆ Education  | ◆ Pap Tests   |
| ◆ Nondirective counseling <ul style="list-style-type: none"><li>– Abstinence</li><li>– Contraception</li><li>– Pregnancy</li></ul> | ◆ Hypertension & Blood Pressure Measurement   |
| ◆ Breast and Pelvic Exams  | ◆ Prenatal, Postpartum, and well-baby care  |

## What's going on...

### Nebraska & US Data

- ◆ STIs/STDs
  - Chlamydia
  - Gonorrhea
  - Syphilis
- ◆ Teen Pregnancy

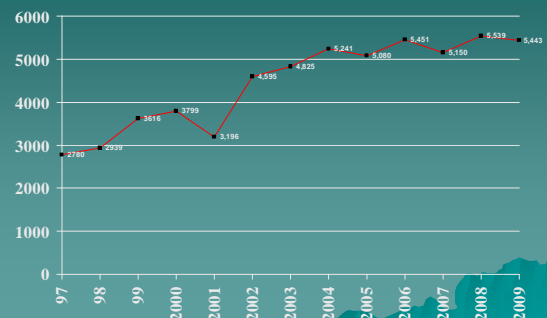
## Risk Factors for STIs & Pregnancy:

- ◆ Unprotected Sex
- ◆ Multiple Partners
- ◆ Under 25
- ◆ Alcohol Use
- ◆ Illegal Drug Use
- ◆ High STI Rate in Community
- ◆ Serial Monogamy
- ◆ Having an STI
- ◆ Using "the pill" as sole form of Contraception

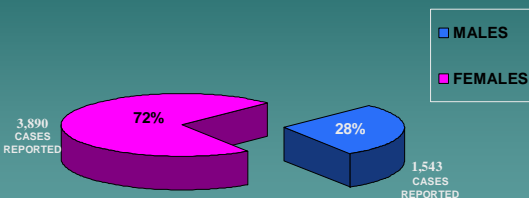
## Nebraska Title X Clinics

- ◆ Chlamydia (10,624 tested)
  - 9,579 Females
  - 1,045 Males
- ◆ Gonorrhea (11,123 tested)
  - 10,107 Females
  - 1,016 Males
- ◆ Syphilis (811 tested)
  - 517 Females
  - 294 Males

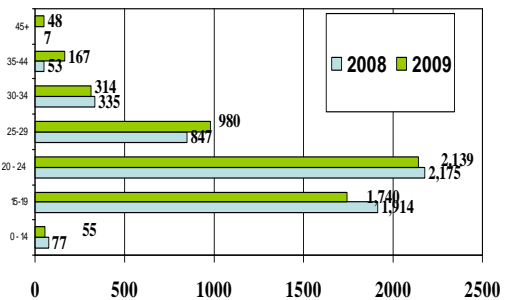
## CHLAMYDIA Reported Cases In Nebraska 1997 - 2009

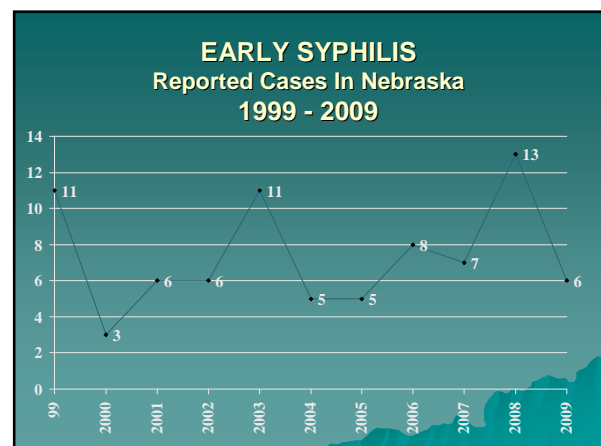
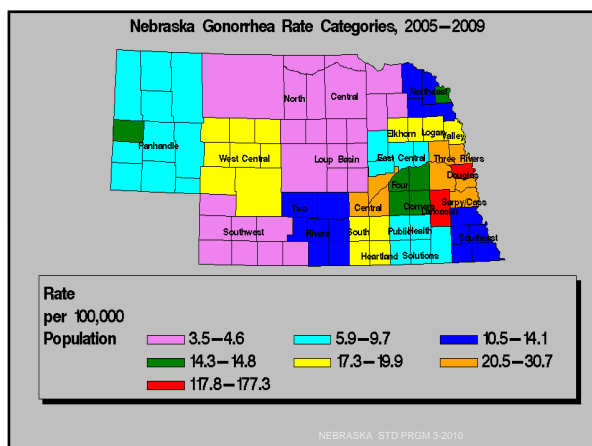
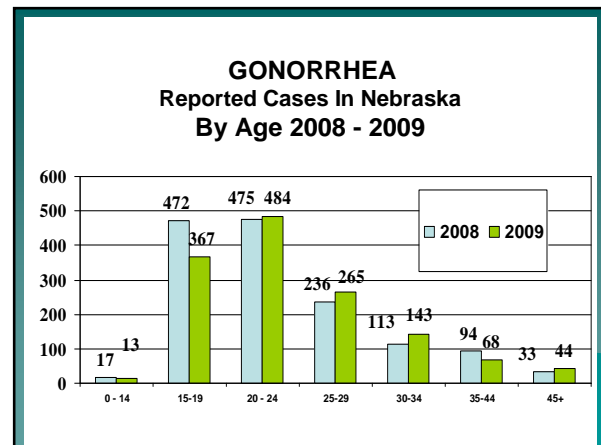
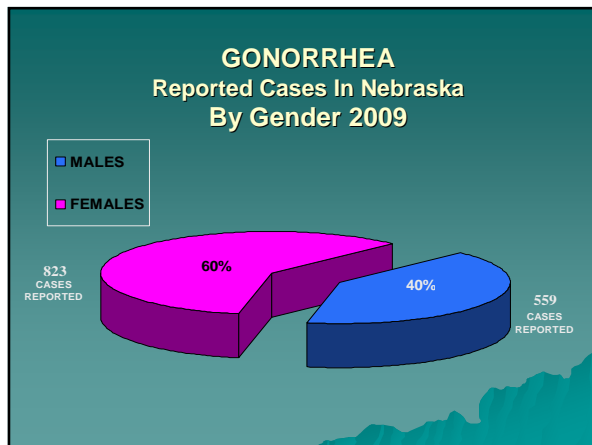
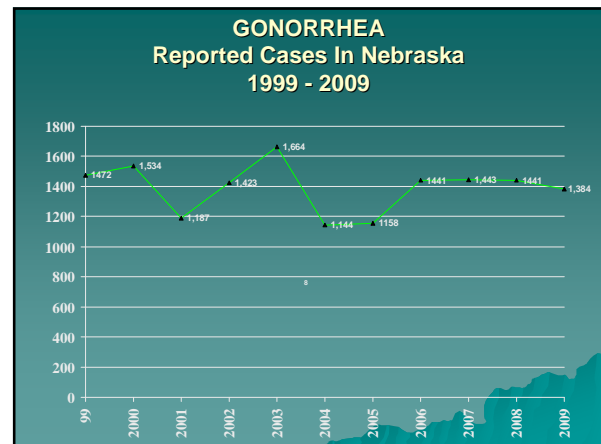
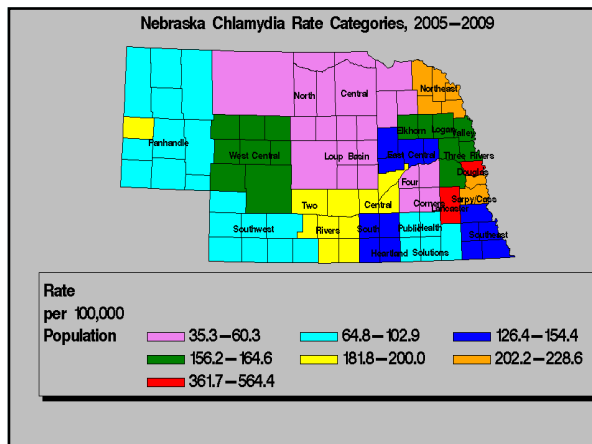


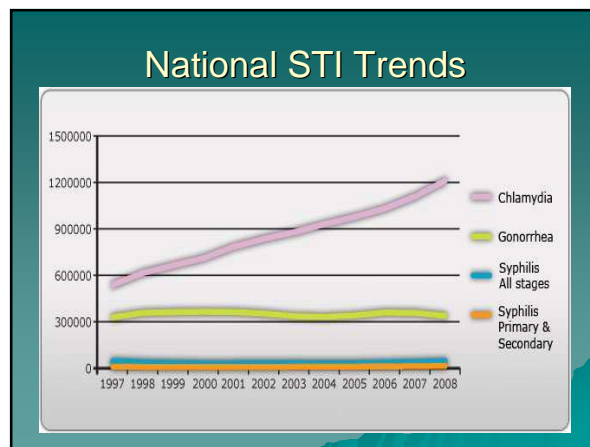
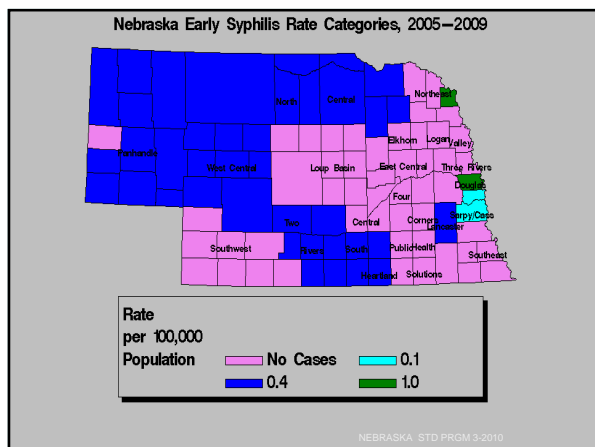
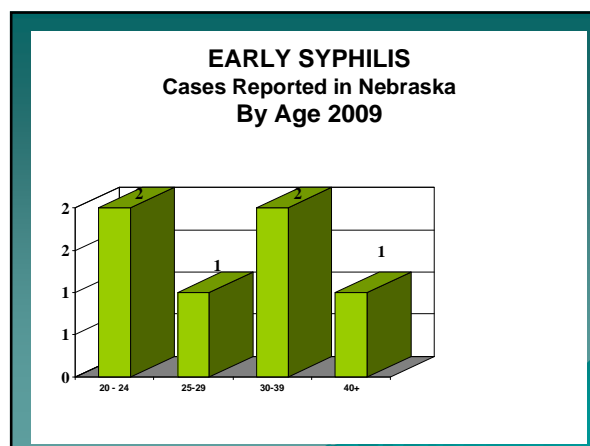
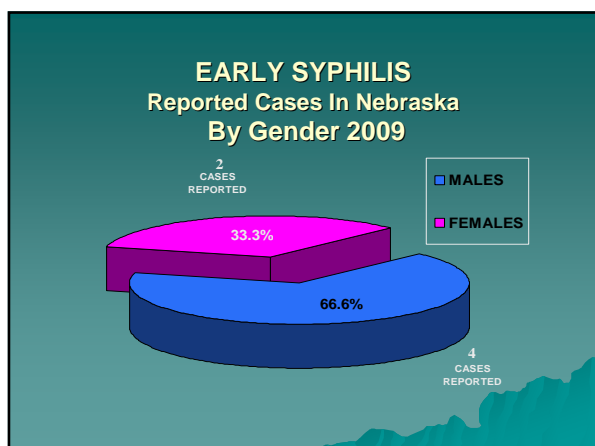
## CHLAMYDIA Reported Cases in Nebraska By Gender 2009



## CHLAMYDIA Reported Cases in Nebraska By Age 2008 - 2009







### Teen Pregnancy, 2006

- ◆ Nebraska Rate (per 1,000)  
– Ages 15-19 = 33.4
- ◆ US Rate (per 1,000)  
– Ages 15-19 = 41.9

[http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57\\_07.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_07.pdf)

### So How Do We Address these Statistics?

- ◆ Identify Potential Factors/Behaviors Related to the High Pregnancy Rates
- ◆ Reduce Risk Behaviors/Increase Protective Factors
- ◆ Identify Interventions to Reduce Pregnancy, STI's and Sexual Assault/Violence

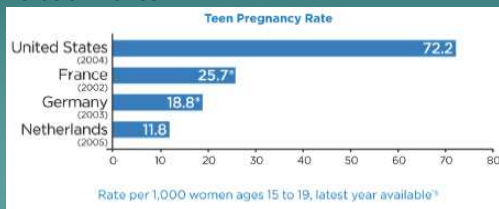
## What Lies Behind the US Rate of Unintended Pregnancy?

- ◆ Actual Contraceptive Method Failure (rare)
- ◆ Lack of adequate sex education
- ◆ A general discomfort with sexuality
- ◆ Effects of poverty
- ◆ Improper use of contraceptive methods
- ◆ Poor communication between sexual partners
- ◆ Ambivalence about pregnancy
- ◆ Problems accessing the most effective contraceptive methods
- ◆ Increased public acceptance of non-marital child bearing
- ◆ Fears of Side Effects of contraceptives
- ◆ Glamorized Sex by the Culture

Sex among young people is common in the United States and World Wide.....

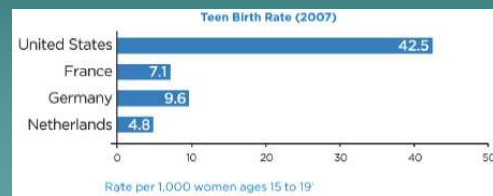
## Teen Pregnancy

- ◆ The United States' **teen pregnancy rate** is over six times that of the Netherlands, almost four times that of Germany, and almost three times that of France



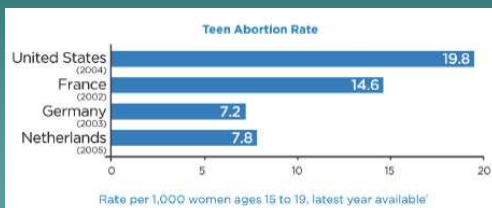
## Teen Birth Rate

- ◆ The United States' **teen birth rate** is nine times higher than the Netherlands', nearly six times higher than France's, and over four times higher than Germany's.



## Teen Abortion Rate

- ◆ In the United States, the **teen abortion rate** is more than twice that of Germany and of the Netherlands



## Model Implementation in the US

If U.S. rates equaled those in:	The number of U.S. teen pregnancies would be reduced by:	The number of U.S. teen births would be reduced by:	The number of U.S. teen abortions would be reduced by:
France	483,000	362,000	54,023
Germany	555,000	336,000	130,902
Netherlands	627,000	385,000	124,668

## Financial Benefits

**If the U.S. birth rates in 2004 equaled those in:**

	<b>U.S. annual public savings in the first year alone would have equaled:</b>
France	\$517,000,000
Germany	\$480,000,000
Netherlands	\$551,000,000

## US Teens Have Higher Rates of Pregnancy and STI's... Why?

- ◆ They are less likely to use contraceptives
- ◆ Have Shorter Relationships
- ◆ Have more sexual partners
- ◆ Teens In Some Other Countries Have:
  - Clear, unambiguous prevention messages
  - Expectation that childbearing will be delayed until marriage/adulthood
  - Society Support
  - Greater Access to Contraception and Reproductive Health Care
  - Comprehensive Sex Education

## Risk Factors

- ◆ Often established early in life
- ◆ Individual or environmental characteristics, conditions, or behaviors that will increase the chances of a negative outcome

## Protective Factors

Protective Factors are individual, or environmental characteristics, conditions, or behaviors that reduce the effects of stress, and increase an individuals ability to avoid risks or hazards and promote social and emotional competence to thrive in all aspects of life, now and in the future.

## Risk and Protective Factors

- ◆ Factors can involve sexuality directly or indirectly
- ◆ Factors are rooted in
  - Communities-Exposure to violence, substance use
  - Families-The presence of 2 parents who are home at key times, model responsibility values, a close relationship with parents
  - Friends & Peers-Poor performance in school, drug use, sex, athletics
  - Romantic Partners-Older boyfriend/girlfriend
  - Teens Themselves-values, perceptions
    - ◆ Teens own sexual beliefs, values, and attitudes are the factors most strongly related to sexual behavior

## How Do We Address These Factors/Risks?

- ◆ Some are non-modifiable (poverty, BC Method Failure)
- ◆ Look at other developed countries, with lower teen pregnancy rates, and STI's...what is working for them?
- ◆ Young People Need Help Making Healthy Lifestyle Decisions!
- ◆ In order to effectively reduce teen pregnancy and STI's, one or more of the behaviors should be targeted
- ◆ Some Factors Can Be Modified with Sex Education Programs for Adolescents
- ◆ Many means of prevention are needed: Prevention of Pregnancy, Prevention of STI's, Prevention of Bad Feelings



## What Does Sex Education Mean?

Medically Accurate "Sex Ed" Refers to:

- ◆ Not only sexual behaviors:
  - Abstinence education, body image, contraception, gender, growth and Develop., reproduction, pregnancy, relationships, safer sex, sexual attitudes and values, anatomy and physiology, sexual health, sexual orientation, and sexual pleasure.
  - Should be evidence based, peer-reviewed Science
  - Goal is to promote health and well-being in a way that is developmentally appropriate
  - Ideally would be implemented in Kindergarten, and the process would build upon itself, through grade 12

## Why is "Sex Ed" Necessary?

- ◆ Sexuality is a part of each person's identity
- ◆ Parents/Guardians are primary educators, however, adolescents also receive messages from other sources(+/-)
- ◆ Need is for Accurate and Developmentally appropriate Sexual Education
- ◆ If young people gain appropriate skills and knowledge, they are more likely to make healthy decisions about their sex lives, now and in the future.
- ◆ Schools and other community based organizations important factors in education.



## What Works 2009: Science-Based Programs to Prevent Teen Pregnancy

The Campaign's Mission and Goal:

"Our mission is to improve the lives and future prospects of children and families and, in particular, to help ensure that children are born into stable, two-parent families who are committed to and ready for the demanding task of raising the next generation."

## PWWTW: Putting What Works To Work

- ◆ Cooperative Agreement funded by the Centers for Disease Control and Prevention (CDC).
- ◆ Goal: Enhance the ability of state and local organizations to incorporate science-based approaches into their teen pregnancy prevention efforts.

## Interventions

- ◆ Multiple Programs Available that have the goal of:
  - Decreasing Unintended pregnancy
  - Decreasing STI's, including HIV/AIDS
  - Improving Sexual Health in other ways

## Interventions

- ◆ Growing and persuasive evidence that a number of these programs obtain these goals by:
  - Delaying Teen Sexual Activity
  - Improving Contraceptive Use Among Sexually Active Teens and/or
  - Prevent Teen Pregnancy
  - Reduce number of partners(presently, the National Campaign counts a total of 30 programs that have shown through evaluation to have an effect on at least one of the 3 goals above)

## So What Characteristics Do We Look For In Effective Programs?

- ◆ Focus on reducing specific, sexual risk-taking behavior
- ◆ Are based on the theoretical approaches that have been proven effective and that look at sexual risk and protective factors
- ◆ Give a clear message about how to avoid unprotected intercourse and the risks of unprotected intercourse
- ◆ Provides basic, accurate information about risks of unprotected intercourse and methods of avoiding intercourse using condoms or contraception
- ◆ Address Social/Culture/Peer Pressures on Sexual Behaviors

## Characteristics (cont)

- ◆ Provide modeling of and practice in communication, decision making, negotiation and refusal skills
- ◆ Uses a variety of teaching methods to involve participants and help them personalize information
- ◆ Incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience and culture of the student
- ◆ Take place at a number of sessions to complete important activities and cover necessary topics/skills
- ◆ Select teachers and/or peers who believe in the program, are comfortable, and have been well-trained.

## Why Care About the Characteristics?

- ◆ Characteristics are from programs that have been well evaluated and shown some measure of success
- ◆ Programs that did not incorporate one or more of these characteristics were often found to be less effective

## 5 Types of “Effective” Programs

- ◆ Curriculum-Based Sex and STI/HIV Education Programs
- ◆ Parent-Teen Programs
- ◆ Community Programs with Multiple Components
- ◆ Service Learning Programs
- ◆ Abstinence Only Programs

## Curriculum-Based Sex and STI Programs

- ◆ Based on written curriculum
- ◆ Implemented among groups of young people in school, clinic, or community settings
- ◆ Focused on Both behavior and risk and protective factors that mediate behaviors
- ◆ Ex: All4You, Draw the Line, Respect the Line, A Good Time: After School Program

## Parent-Teen Programs

- ◆ Designed to increase parent-child communication, including programs for:
  - Parents only
  - Parents and teens together
  - Homework assignments in school sex ed classes requiring communication with parents
  - Video programs with written material to complete at home
  - Ex: Keeping It REAL, REAL Men

## Community Programs with Multiple Components

- ◆ Community Wide Collaborations or initiatives with the goal of reducing teen pregnancies and STI's
- ◆ Use multiple programs rather than just a single program focusing on a discreet group of teens
- ◆ Ex: HIV Prevention for Adolescents in Low Income Housing

## Service Learning Programs

- ◆ Evaluated many times, and routinely are found to be effective at either delaying the initiation of sex and/or reducing teen pregnancy
- ◆ 2 components: Voluntary or unpaid service in the community and structured time for preparation and reflection before, during, and after service
- ◆ Often linked with academic instruction
- ◆ Ex: Reach for Health Community Youth Services Learning, Teen Outreach Program, School Connectedness

## School Connectedness

- ◆ Different Type of program focuses on protective factors
- ◆ Students more likely to engage in healthy behaviors when they feel connected to school.
- ◆ National Longitudinal Study of Adolescent Health looked at impact of protective factors and found that these factors were protective against a range of adverse behaviors
- ◆ Belief by students that adults and peers in the school care about their learning, as well as them as individuals
- ◆ School Connectedness, as a protective factor, was most beneficial to decrease substance abuse, school absenteeism, early sexual initiation, violence, and risk of un-intentional injury

## Abstinence Only Programs

- ◆ Jury is still out, research, is often inconclusive, and conflicting
- ◆ There has however, been some recent, compelling evidence, that an abstinence only intervention can help very young teens delay sex as well as reduce recent sexual activity
- ◆ However, most programs with the strongest evidence encourage abstinence as the safest choice, but encourages those who do have sex to use contraception
- ◆ Many abstinence only programs omit accurate information about contraception across the country
- ◆ Encourage abstinence and teaching contraception should not be competing strategies, rather compliment each other!

## Choosing a Program That's Right For You

- ◆ Best Choice: A program that has already been evaluated and found to be effective
- ◆ Next Best Choice: A program that incorporates as many of the characteristics and addresses the specific behavior/risks of your population
- ◆ Bottom Line: There are a variety of approaches, however, the program cannot take the burden on alone...it is crucial to involve parents, churches, media, and the community

## Choosing a Program That's Right For You (cont)

- ◆ Remember, teen pregnancy and STI's are not just a girl thing, include boys in your training!
- ◆ Evidence is strong that when sexual education and sexual health services are provided, there is a possibility to greatly improve adolescent sexual health with comparatively small costs
- ◆ Evidence shows that Sexual Education does NOT encourage sexual activity or promote risky behavior
- ◆ Keep in mind, each year new groups of young people mature, requiring new efforts, and sometimes new programs....continue to Evaluate, Evaluate, Evaluate...

## Barriers Perceived or Actual?

- ◆ Parents?
  - 2004 NPR and Henry Kaiser Family Foundation Survey found that 90% of parents support sex education in school, 93% of parents found the sex ed programs in their schools were either very helpful or somewhat helpful
- ◆ Religion?
- ◆ Government?
  - Some Conservative Groups and Politicians, promote abstinence only counseling, without information on contraception

## Sexual Assault

- ◆ Harassment
- ◆ Exposing/flashing
- ◆ Forcing a person to pose for sexual pictures
- ◆ Fondling
- ◆ Unwanted sexual touching

## Interventions to Prevent Dating/Sexual Violence

- ◆ Risks include the teens' own individual characteristics, as well as factors at school, community and among peers
- ◆ Prevention requires an approach that addresses all of these factors
- ◆ "Prevention efforts should ultimately reduce risk factors and promote protective factors. Additionally, prevention should address all levels that influence youth violence: individual, relationship, community, and society"

(Center for Disease Control and Prevention, National Center for Injury Prevention and Control, 2006, September 7)

## Prevention of Teen Violence

- ◆ Engage all members of the school and community.
- ◆ Implement prevention programs in middle school and the early high school years when young people begin to date and experience dating violence.
- ◆ Involve boys and girls, perpetrators and victims. Be mindful that the majority of teen dating violence entails the reciprocal use of violence.
- ◆ Include significant contact with students, preferably multiple points of contact with reinforcing messages.

## Prevention of Teen Violence (cont)

- ◆ Offer varied teaching methods that stimulate an active and involved learning process.
- ◆ Provide opportunities for youth to develop strong, positive relationships and incorporate mentoring and leadership opportunities.
- ◆ Focus on positive messages and reinforce healthy relationship skills.
- ◆ Provide culturally relevant and engaging programming.

(Flood, 2005-2006; Kerig, Ball, & Rosenbluth, 2006; Meyer & Stein, 2004; Nation et al., 2003; Thornton et al., 2002; Schewe, 2002)

## Interventions for Dating/Sexual Violence

- ◆ Develop skills related to communication, empathy, self-esteem, healthy coping, self-awareness, trust, and accountability from three perspectives: that of potential victim, perpetrator and witness.
- ◆ Create a positive and respectful school environment
- ◆ Change social norms about dating relationships in the school, community and peer group
- ◆ Develop Teen Leadership

## Teens' Rights in Nebraska

- ◆ Considered a "Minor" if 18 or younger (exceptions: married, pregnant, etc.)
- ◆ Statutory Rape/Laws
- ◆ Abortion rights – "Parental Notification" or "Judicial Bypass"
- ◆ Contraception Rights
- ◆ Pregnancy Tests
- ◆ Emergency Contraception or "EC"
- ◆ HIV & STD Testing
- ◆ Sex Ed in Nebraska
- ◆ GLBTQ

## Resources for Teens:

- ◆ Smarter Sex.org  
<http://www.smartersex.org/index.asp>
- ◆ MTV: It's Your (Sex) Life  
<http://think.mtv.com/Groups/iysl>
- ◆ Sex, Etc.  
<http://www.sexetc.org/>
- ◆ I Wanna Know  
<http://www.iwannaknow.org/>
- ◆ Young Women's Health  
<http://www.youngwomenshealth.org/>

## Resources for Nurses & Parents

- ◆ The National Campaign to Prevent Teen & Unplanned Pregnancy  
<http://www.thenationalcampaign.org/>
- ◆ Reality Check.org  
<http://www.rhrealitycheck.org/>
- ◆ I Wanna Know  
<http://www.iwannaknow.org/>
- ◆ Nebraska Reproductive Health  
<http://www.dhhs.ne.gov/ReproductiveHealth/>

## References:

- ◆ Advocates for Youth
- ◆ Association of Reproductive Health Professionals
- ◆ Centers for Disease Control and Prevention (CDC)
- ◆ Flood, 2005-2006; Kerig, Ball, & Rosenbluth, 2006; Meyer & Stein, 2004; Nation et al., 2003; Thornton et al., 2002; Schewe, 2002
- ◆ Guttmacher Institute
- ◆ National Campaign to Prevent Teen Pregnancy
- ◆ Nebraska Department of Health & Human Services, Vital Statistics
- ◆ Nebraska STD Program
- ◆ Sex, Etc.

## QUESTIONS?

Nebraska Reproductive Health

*Helping build healthier families*



**For more information,  
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